

the Identi-T™ Program

6 Common Stress Response Types	
1	Occasional
2	Wired
3	Worried
4	Mentally Exhausted
5	Tired
6	Hot

Feel good again with the Identi-T™ Personalized Stress Relief Program

Now you can relieve stress with an effective, easy, 3-step personalized program to help address your unique stress response type.

Step 1: Take the Identi-T™ Stress Assessment inside

Step 2: Show the results to your healthcare provider

Step 3: Follow the program guide and find relief

Get started today!

The Metagenics Difference

	Identi-T™ Program	Leading Competitor
Quick assessment allows your healthcare provider to offer you customized stress relief.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations are based on your unique stress response type.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Easy-to-follow program guide provides stress relief and dietary advice.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nutritional formula recommendations support multiple body systems to help you feel balanced.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Triple-certified Good Manufacturing Practices so you get the formula safety, strength, and benefits you expect.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Stress
isn't the same for everyone



Personalized relief makes the difference

Identi-T™

Metagenics™

Genetic Potential Through Nutrition

Take charge of stress with

Stress can take a toll on your health

And you may not even realize it. How can you tell when life's pressures are turning on your stress response and wearing you down?

Here are some signs:

- You've put on some "extra" belly fat
- You eat when you're nervous, sad, or mad
- You feel overwhelmed by routine tasks
- You worry about things big and small
- You feel tired and weak for no apparent reason

Even small amounts of stress over time can build up to big health problems if left unchecked.

People respond to stress differently

We all have our share of stress. But not all people respond alike. The Identi-T Program identifies 6 common responses to stress and provides targeted nutritional regimens—plus lifestyle tips—to help you manage them.

How does stress affect you?

Do you feel wired or worried when you're stressed? Or maybe you're more likely to feel hot (achy), tired, or mentally exhausted. Even if you only have occasional stress, it can have a big impact on your health.

Identi-T™ Stress Assessment

Name _____ Age _____ Sex _____ Date _____

Please take a few moments to discover your body's response to situations you perceive as stressful. By honestly assessing how you feel, your healthcare provider can create a natural stress relief program for your individual needs.

Directions:

Please read each statement and circle the number 0, 1, 2, or 3 that best describes your feelings or reactions throughout the course of a day. Add the total points for each section. Then complete the Lifestyle and Health Status questions. When you are done, please give the assessment to your healthcare provider.

0 = Never true 1= Seldom true 2= Sometimes true 3= Often true

When under stress for 2 weeks or longer, I...

Section A:

1. Get wound up when I get tired and have trouble calming down 0 1 2 3
2. Feel driven, appear energetic but feel “burned out” and exhausted 0 1 2 3
3. Feel restless, agitated, anxious, and uneasy 0 1 2 3
4. Feel easily overwhelmed by emotion 0 1 2 3
5. Feel emotional—cry easily or laugh inappropriately 0 1 2 3
6. Experience heart palpitations or a pounding in my chest 0 1 2 3
7. Am short of breath 0 1 2 3
8. Am constipated..... 0 1 2 3
9. Feel warm, over-heated, and dry all over..... 0 1 2 3
10. Get mouth sores or sore tongue..... 0 1 2 3
11. Get hot flashes..... 0 1 2 3
12. Sleep less than 7 hours a night 0 1 2 3
13. Have trouble falling asleep and staying asleep..... 0 1 2 3
14. Worry about high blood pressure, cholesterol, and triglycerides 0 1 2 3
15. Forget to eat and feel little hunger..... 0 1 2 3

Total points: _____

Section B:

1. Find myself worrying about things big and small 0 1 2 3
2. Feel like I can't stop worrying, even though I want to 0 1 2 3
3. Feel impulsive, pent up, and ready to explode..... 0 1 2 3
4. Get muscle spasms..... 0 1 2 3
5. Feel aggressive, unyielding, or inflexible when pressed for time..... 0 1 2 3
6. See, hear, and smell things that others do not 0 1 2 3
7. Stay awake replaying the events of the day or planning for tomorrow..... 0 1 2 3
8. Have upsetting thoughts or images enter my mind again and again 0 1 2 3
9. Have a hard time stopping myself from doing things again and again, like checking on things or rearranging objects over and over 0 1 2 3
10. Worry a lot about terrible things that could happen if I'm not careful..... 0 1 2 3

Total points: _____

Section C:

1. Have muscle and joint pains..... 0 1 2 3
2. Have muscle weakness 0 1 2 3
3. Crave salt or salty things 0 1 2 3
4. Have multiple points on my body that when touched are tender or painful 0 1 2 3
5. Have dark circles under my eyes 0 1 2 3
6. Feel a sudden sense of anxiety when I get hungry 0 1 2 3
7. Use medications to manage pain 0 1 2 3
8. Get dizzy when rising or standing up from a kneeling or sitting position 0 1 2 3
9. Have diarrhea or bouts of nausea with or without vomiting for no apparent reason 0 1 2 3
10. Have headaches 0 1 2 3

Total points: _____

Section D:

1. Have trouble organizing my thoughts.....0 1 2 3
2. Get easily distracted and lose focus.....0 1 2 3
3. Have difficulty making decisions and mistrust my judgment.....0 1 2 3
4. Feel depressed and apathetic 0 1 2 3
5. Lack the motivation and energy to stay on task and pay attention.....0 1 2 3
6. Am forgetful 0 1 2 3
7. Feel unsettled, restless, and anxious 0 1 2 3
8. Wake up tired and unrefreshed 0 1 2 3
9. Experience heartburn and indigestion 0 1 2 3
10. Catch colds or infections easily 0 1 2 3

Total points: _____

Section E:

1. Feel tired for no apparent reason.....0 1 2 3
2. Experience lingering mild fatigue after exertion or physical activity 0 1 2 3
3. Find it difficult to concentrate and complete tasks.....0 1 2 3
4. Feel depressed and apathetic 0 1 2 3
5. Feel cold or chilled—hands, feet, or all over—for no apparent reason 0 1 2 3
6. Have little or no interest in sex.....0 1 2 3
7. Sweat spontaneously during the day.....0 1 2 3
8. Feel puffy and retain fluids.....0 1 2 3
9. Sleep more than 9 hours a night.....0 1 2 3
10. Have poor muscle tone 0 1 2 3
11. Have trouble losing weight 0 1 2 3
12. Wake up tired even though I seem to get plenty of sleep 0 1 2 3
13. Have no energy and feel physically weak.....0 1 2 3
14. Am susceptible to colds and the flu 0 1 2 3
15. Feel dragged down by multiple symptoms, such as poor digestion and body aches 0 1 2 3

Total points: _____

Lifestyle and Health Status:

1. Circle the level of stress you experience on the scale of 1-10, 10 being the worst:

1 2 3 4 5 6 7 8 9 10

2. What do you consider to be the major causes of your stress (for example—spouse, family, friends, work, finances, wedding, pregnancy, legal, commute):

3. I eat breakfast _____ times a week. My typical breakfast is: _____

4. I take a multiple vitamin/mineral _____ days per week. I take a fish oil supplement _____ days per week.

5. I participate in 30 minutes of physical activity, such as walking, aerobics (e.g., running), resistance training (e.g., weights, pilates), sports (e.g., biking), or yoga:
 - Daily 5-6 times per week 3-4 times per week 1-2 times per week Less than once a week

6. I smoke _____ cigarettes daily.

7. I drink 2 or more 8-ounce cups of caffeinated coffee or other caffeinated beverages like energy/diet drinks, colas, or black or green teas:
 - Daily 5-6 times per week 3-4 times per week 1-2 times per week Less than once a week

8. I drink 2 or more ounces of alcoholic beverages:
 - Daily 5-6 times per week 3-4 times per week 1-2 times per week Less than once a week

9. List your current health problems and any over-the-counter or prescription medications that you are now taking:

Current health problem(s)	Date of onset	List all current medication(s)
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